

MEMORANDUM

TO: _____ - employee's direct supervisor
_____ - Region/Parish or Division/Section

FROM: _____ - typed name of employee
_____ - Region/Parish or Division/Section

RE: Acknowledgement of Driving Restriction
State, Rental and Personal Vehicle

DATE: _____

I acknowledge that my failure to provide a valid driver's license number, my driving record could not be pulled. I am aware that I am not approved to operate any vehicle (state, rental or personal) for the purpose of conducting business for the state of Louisiana until this matter is resolved. I further acknowledge that continued failure to adhere to DCFS Policy 1-15 may result in disciplinary action.

If further information or documentation is needed, please contact me at _____
(provide telephone number).

Copy: Provide a copy to the RA and/or Parish Manager, appropriate Deputy Secretary, Deputy Assistant Secretary or Undersecretary, Executive Counsel, Safety Coordinator or Transportation Officer in the Region, Safety Officer, and Support Services Unit Manager.

